

# RISK ASSESSMENT OR MODIFICATION OF INSURANCE TERMS

**Use this form to request a Risk Assessment and determine Proper Insurance Requirements  
when developing an RFP-RFB, RFI or Contract/Agreement**

**DATE SUBMITTED:** 5/25/2022

**TO:** CEO/Risk Management/600 W. Santa Ana Blvd., Suite 105      Fax: 714-285-5599  
or e-mail this form to [RiskMgmtInsurance@ocgov.com](mailto:RiskMgmtInsurance@ocgov.com) with Scope of Work and Contract/Agreement  
Insurance Provisions. **If this is a renewal, attach prior Risk Management Approval(s).**

**FROM:** Evelyn Tran Health Care Agency  
County Employee (Contact For Questions) County Department  
etran@ochca.com 714-834-3996  
County E-Mail Address Phone # (inc. area code) Fax # (inc. area code)

**Note:** The above action is advisory to departments as to risk assessment and protection. Any change in a current contract/agreement requires formal modification unless contract/agreement specifically delegates to County Risk Manager authority to modify insurance requirements.

**CONTRACT TYPE:**    ☐ Commodities    ☐ Public Works    ☐ Service    ☐ Human Services  
☐ Consultant Svcs.    ☐ Fixed Asset    ☐ A & E    ☒ Other CMM/TCM Agreement w/Host County

Vendor Name: County of Santa Cruz      Contract ID/RFP I.D. Number: \_\_\_\_\_

Bid: YES ☐ NO ☒      Contract Amount: TBD

## Insurance Type To Be Reviewed for Waiver or Modification of Terms

<input type="checkbox"/> Commercial General Liability	<input type="checkbox"/> Workers' Compensation	<input type="checkbox"/> Property Insurance
<input type="checkbox"/> Commercial Auto Liability	<input type="checkbox"/> Employer's Liability	<input type="checkbox"/> Sexual Misconduct
<input type="checkbox"/> Contractual Liability	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Indemnification
<input type="checkbox"/> Professional Liability (Errors & Omissions) <input type="checkbox"/> Limitation of Liability		

**Request and Justification:** Mutual Indemnification Language needs CEO Risk Management Approval  
(add another page if necessary)

Santa Cruz County is our MAA/TCM Host County for MAA/TCM claims.

Attachments: County MAA/TCM Agreement and Mental Health MAA/TCM Agreement.

## To Be Completed By CEO/Risk Management

☒ Approved                      ☐ Denied                      ☐ Approved as Modified

Comments: Mutual Indemnification is appropriate.

Calvin Wong  
Manager/CEO/Risk Management

05/27/2022

Date